

B6I (Official Form 6I) (12/07)

In re **Audrey Nell Best-Jackson**

Case No. **10-38568**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Separated	RELATIONSHIP(S): Son	AGE(S): 18
Employment:	DEBTOR	SPOUSE
Occupation	Substitute Teacher	
Name of Employer	Chesterfield County Public Schools	
How long employed	6 years	
Address of Employer	P.O. Box 10 Chesterfield, VA 23832	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	DEBTOR \$ 600.00	SPOUSE \$ N/A
2. Estimate monthly overtime	\$ 0.00	\$ N/A

3. SUBTOTAL	\$ 600.00	\$ N/A
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security	\$ 50.00	\$ N/A
b. Insurance	\$ 0.00	\$ N/A
c. Union dues	\$ 0.00	\$ N/A
d. Other (Specify): SIT	\$ 11.16	\$ N/A
	\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 61.16	\$ N/A
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6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 538.84	\$ N/A
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7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ N/A
8. Income from real property	\$ 0.00	\$ N/A
9. Interest and dividends	\$ 0.00	\$ N/A

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ N/A
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11. Social security or government assistance (Specify):	\$ 0.00	\$ N/A
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12. Pension or retirement income	\$ 0.00	\$ N/A
13. Other monthly income	\$ 2,986.69	\$ N/A

(Specify):	\$ 0.00	\$ N/A
	\$ 0.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 2,986.69	\$ N/A
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 3,525.53	\$ N/A
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ 3,525.53	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	835.00
a. Are real estate taxes included? Yes <u>X</u> No <u> </u>		
b. Is property insurance included? Yes <u>X</u> No <u> </u>		
2. Utilities:		
a. Electricity and heating fuel	\$	195.00
b. Water and sewer	\$	32.00
c. Telephone	\$	99.00
d. Other <u>Cell Phone</u>	\$	150.00
3. Home maintenance (repairs and upkeep)	\$	83.00
4. Food	\$	500.00
5. Clothing	\$	150.00
6. Laundry and dry cleaning	\$	30.00
7. Medical and dental expenses	\$	30.00
8. Transportation (not including car payments)	\$	350.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	20.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	106.00
c. Health	\$	351.00
d. Auto	\$	210.00
e. Other <u> </u>	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Personal Property Tax</u>	\$	45.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	351.00
b. Other <u>IRS payment</u>	\$	50.00
c. Other <u> </u>	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>See Detailed Expense Attachment</u>	\$	150.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,837.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	3,525.53
b. Average monthly expenses from Line 18 above	\$	3,837.00
c. Monthly net income (a. minus b.)	\$	-311.47

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED
Detailed Expense Attachment

Other Expenditures:

Education Expense for son	\$	50.00
Personal Hygiene	\$	50.00
Emergency Fund	\$	50.00
Total Other Expenditures	\$	150.00

United States Bankruptcy Court
Eastern District of Virginia

In re Audrey Nell Best-Jackson

Debtor(s)

Case No. 10-38568

Chapter 7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [*Specify reason for amendment: _____*]
Check if applicable: ☐ Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 21 was marked/hand-delivered to the Clerk's office on _____.**]
- ☐ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☒ **Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☐ **Creditor(s) added** ☐ **Creditor(s) deleted**
- ☐ **Change in amounts owed or classification of debt**
- ☐ **No pre-petition creditors added/deleted, or amounts owed or classification of debt changed.** [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☒ **Post-petition creditors added (Schedule of Unpaid Debts)**
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☒ Schedule I - Current Income of Individual Debtor(s)
- ☒ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that a hard copy of this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be submitted to the Clerk's Office for entry of the amended Social Security Number into the Court's database.]

- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment via electronic and/or first-class mail.

Date: July 3, 2012

/s/ Richard J. Oulton

Attorney for Debtor(s) [or *Pro Se* Debtor(s)]

State Bar No.: **29640**

Mailing Address: **America Law Group, Inc.**
1928 Arlington Blvd., Suite 112
Charlottesville, VA 22903

Telephone No.: **434-227-8091**

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Audrey Nell Best-Jackson**

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Case No. **10-38568**

Chapter **7**

Schedule of Unpaid Debts Incurred After Commencement of Chapter 13

Anesthesia Associates of Richmond, Inc.
1504 Santa Rosa Rd
Richmond, VA 23229-5109

Bon Secours, Richmond Health System
P.O. Box 404893
Atlanta, GA 30384-4893

Capio Partners
2222 Texoma Pkwy, Ste 150
Sherman, TX 75090

CJW Medical Center
PO Box 740760
Cincinnati, OH 45274-0760

Internal Revenue Service
Central Insolvency Unit
P.O. Box 7346
Philadelphia, PA 19101-7346

North Shore Agency
4000 Fifth Avenue
Columbus, OH 43219

Sprint
P.O. Box 4191
Carol Stream, IL 60197-4191

West End Orthopaedic Clinic
c/o D. Kent Gilliam, Esq.
7821 Ironbridge Road
Richmond, VA 23237

/s/ Richard J. Oulton
Richard J. Oulton

**United States Bankruptcy Court
Eastern District of Virginia**

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Case No. **10-38568**

Chapter **7**

**AMENDED
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **July 2, 2012**

Signature **/s/ Audrey Nell Best-Jackson**

Audrey Nell Best-Jackson

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571